

MONTANA BOARD OF HORSE RACING
PO BOX 200512
HELENA, MONTANA 59620

OWNER-TRAINER APPLICATION \$50.00
(Must be approved by the Steward)

BOTH SIDES OF THE APPLICATION MUST BE FILLED OUT!
INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE PROCESSED!
PLEASE NOTE: LINES 1-12 ARE MANDATORY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED!

1. NAME: _____
First Middle Last
2. ADDRESS: _____
Street Address City State Zip Code

Mailing Address (if different)
3. SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____
4. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
City/State
5. ARE YOU UNDER SUSPENSION, SET DOWN, RULED OFF, OR OTHERWISE DEBARRED FROM PARTICIPATING IN RACING BY ANY RACING ORGANIZATION, ASSOCIATION, COMMISSION OR OTHER TURF AUTHORITY IN THE UNITED STATES OR ELSEWHERE? ____YES ____NO
IF YES, GIVE DETAILS _____

6. LIST ALL SUSPENSIONS, FINES OR OTHER RULINGS PREVIOUSLY MADE AGAINST YOU? _____

7. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF VIOLATING THE LAW (EXCEPT MINOR TRAFFIC VIOLATIONS)? ____YES ____NO
IF YES, GIVE DETAILS: _____
8. ARE YOU CURRENTLY ON PROBATION OR PAROLE IN MONTANA OR ANYWHERE? ____YES ____NO
9. HAVE YOU BEEN PREVIOUSLY LICENSED AS A TRAINER? ____YES ____NO
IF NO, HAVE YOU SUCCESSFULLY PASSED THE TRAINER'S EXAMINATION? ____YES ____NO
IF YES, WHAT YEAR DID YOU TAKE THE TRAINER'S EXAMINATION? _____
10. HAVE YOU BEEN PREVIOUSLY LICENSED BY THE MONTANA BOARD OF HORSE RACING? ____YES ____NO
IF YES, WHAT YEARS? _____
LICENSE TYPES: _____
11. DO YOU NOW HAVE, OR HAVE YOU EVER HAD, A LICENSE FROM ANY OTHER STATE? ____YES ____NO
IF YES, WHAT STATES? _____
WHAT YEARS? _____
LICENSE TYPES: _____

By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

12. Signature of Applicant _____ Date _____

APPROVED BY: _____

TRAINER'S LIST OF HORSES

Trainer name

Please list horses you are currently training that are or will be racing in Montana *this year*. Please include their age and owner.

If you have more than five horses, just list five.

Horse

Age

Owner
